

## Betty Johnson AO Award nomination form

### DETAILS OF PERSON YOU WISH TO NOMINATE

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Ph: \_\_\_\_\_

email: \_\_\_\_\_

### DETAILS OF PERSON COMPLETING THIS FORM (SELF NOMINATIONS ACCEPTED)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Ph: \_\_\_\_\_

email: \_\_\_\_\_

### NOMINATION DETAILS

**Please outline how the person nominated for the award meets the following:**

- Uses health services in the Northern Sydney Region

- Is involved as a health consumer advisor / representative / advocate with health services in Northern Sydney

## NOMINATION DETAILS (CONTINUED)

- Has achieved some positive change for people who use health services in Northern Sydney region

- Has good networks with other consumer and community groups in the local area as well as on a state or national level.

**Please indicate how the person nominated would use the award to advance their work as a consumer representative.**